

Louisiana Workforce Commission

Office of Workers' Compensation Administration

Questions about the Medical Treatment Guidelines (MTG)

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1. What are the Medical Treatment Guidelines (MTG)?

In 2009, the Louisiana Legislature passed RS 23:1203.1 which provided the process of adopting a medical treatment schedule with the purpose of assisting with the decision making process regarding proposed medical treatment for the injured worker. The Medical Treatment Guidelines became effective July 13, 2011.

2. Where can I obtain a copy of the Medical Treatment Guidelines (MTG)?

A copy of the MTG can be found on our website, www.LAWORKS.net. The Medical Treatment Guidelines can be located on the Home page under the heading of **BUSINESSES** then **Workers Compensation**.

3. Who is required to use the Medical Treatment Guidelines?

All medical providers and insurance carriers are expected to comply with the MTG.

4. What is the process for obtaining authorization of medical treatment?

Effective April 20, 2012, the Healthcare Provider (HCP) when seeking authorization to exceed the \$ 750.00 statutory limit for medical services completes the **LWC Form 1010-Request of Authorization/Carrier or Self Insure Employer Response** form.

5. What is the LWC Form 1010 – First Request and when is it initiated?

The Healthcare Provider (HCP) when seeking authorization to exceed the \$ 750.00 statutory limit for medical services completes the LWC Form 1010. Section #1 and #2 of the LWC Form 1010 must be completed by the requesting healthcare provider. The 1010 Form and all supporting medical documentation are faxed to the Carrier/Self-insured Employer (C/SIE) and/or the designated utilization review (UR) representative. The C/SIE must respond in 5 business days by returning the Form 1010 to the requesting HCP with their decision determination designated in Section 3.

6. What is the LWC Form 1010A – First Request and when is it initiated?

The C/SIE or Utilization Review representative will initiate the LWC Form 1010A when the medical documentation submitted with the Form 1010 does not sufficiently provide the necessary information to complete the review of the requested medical services. The HCP must respond to the request in 10 business days from the date of receipt. Failure to submit the requested information shall result in a withdrawal of the request for authorization.

The forms are posted on the website, www.LAWWORKS.net. You can access the form from the numerical listing by clicking on [Downloads](#), then on [Workers Compensation](#), then [Forms – Numerical](#).

7. How is a claim for denied services submitted to the OWCA Medical Director?

For any dispute as to whether the recommended care, services or treatment is in accordance with the medical treatment schedule, or whether a variance from the medical treatment schedule is reasonably required, any aggrieved party shall file a LWC-WC Form 1009 Disputed Claim for Medical Treatment appeal with the Office of Workers Compensation Administration Medical Director.

The LWC-WC Form 1009 must be completed and submitted, via mail, to the OWCA Medical Director along with the LWC Form 1010, Form 1010A (if applicable) and supporting medical documentation.

The LWC-WC Form must be filed within fifteen calendar days of the date denial by the Carrier/Self-insured employer or the date the denial was received. The medical director shall render a decision as soon as is practicable, but in no event, not more than thirty calendar days from the date of filing.

A COPY OF THE COMPLETED 1009 MUST BE MAILED TO ALL INVOLVED PARTIES.

8. Where can I find the LWC-WC Form 1009 – Disputed Claim for Medical Treatment?

The form is posted on the website, www.LAWORKS.net. You can access the form from the numerical listing by clicking on [Downloads](#), then on [Workers Compensation](#), then [Forms – Numerical](#).

9. Who can file the LWC-WC Form 1009 – Disputed Claim for Medical Treatment?

The statute states “any aggrieved party” shall file, within fifteen calendar days, an appeal with the OWCA Medical Director. Aggrieved party is defined as “a person whose personal or property rights are adversely affected by a judgment or decree of a court.”

The LWC-WC Form 1009 must be received in the OWCA Medical Services Section no later than 15 calendar days from the date on the written denial letter issued by the C/SIF.

10. When filing the LWC-WC Form 1009, what other information is required?

In addition to the completed LWC-WC Form 1009, the following information is necessary:

- A copy of the LWC WC Form(s) 1010 and 1010A
- A copy of the Peer Review denial from the C/SIF
- Copy of the medical record(s) substantiating the medical necessity of the requested services

Requests submitted without the supporting documentation as stated above will be returned to the requesting party.

Any LWC-WC Form 1009 with incomplete information will also be returned to the requesting party.

11. What if any of the parties disagree with the determination issued by the OWCA Medical Director?

Any party feeling aggrieved by determination of the medical director shall seek a judicial review by filing Form LWC-WC-1008 Disputed Claim for Compensation with the appropriate hearing office within 15 days of the date said determination is mailed to the parties. The filed LWC-WC-1008 shall include the following:

- Copy of the Form LWC-WC-1009 – Disputed Claim for Medical Treatment
- Copy of the decision of the medical director

A party filing such appeal must simultaneously notify the other party that an appeal of the medical director’s decision has been filed.

The decision of the medical director may be overturned when it is shown by clear and convincing evidence; the decision of the medical director was not in accordance with the provisions of the Louisiana Workers’ Compensation Medical Treatment Guidelines.

12. If the Medical Provider is in compliance with the MTG, are they still required to obtain approval from the Carrier/Self-insured Employer (C/SIF) to exceed the statutory limit of \$ 750.00?

Yes. Even if the recommended medical treatment is in compliance with the MTG, all medical services exceeding the statutory limit of \$ 750.00 will require the prior approval from the C/SIF as is stated in the Workers' Compensation Statute (R.S. 23:1142).

Updated April 23, 2012